



Washington State Health Care Authority
Public Employees Benefits Board

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TO: Personnel, Payroll and Insurance Offices of All State Agencies

FROM: Susanne Ames, Budget and Rates Manager
Finance and Budget Office

SUBJECT: Fiscal Year 2004 PEBB Program Rates

The state agencies and higher education institutions total funding rate of \$504.89 will remain unchanged until July 1, 2004. **However, based on new contracts with the health plans, the State and Higher Education employee monthly contributions will be changing effective January 1, 2004.** The new contribution schedule was distributed as part of the open enrollment materials to all State and Higher Education employees. Complete open enrollment information is also available on the PEBB website.

Domestic partner tax tables are also enclosed for your use. Tables 1 and 2 provide monthly amounts for additional taxable income for "Non-Tax Qualified Partners" for 2004. Tables 3 - 7 give monthly payroll employee contributions (deductions) for subscribers and same sex domestic partners. If you have questions, please contact your OFM training officer.

If you have questions on the PEBB employee contribution schedule on the HCA web site, please call Astrid Pearson at (360) 923-2810.

SA:ap

Enclosures

cc: Jayne Wallace
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Composite Active Rates for STATE and HIGHER ED (Effective 01-01-2004)
(for 1/1/04 through 6/30/04 only)

Final 2004 PEBB Bid Rates

HCA Finance and Administration

Plan Name	Jan 1, 2004 June 30, 2004 Base Rate	Employee Contributions*				Total Base Rates With Employee Contributions			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
CHPWA	\$504.89	\$ 41.00	\$ 92.00	\$ 72.00	\$ 123.00	\$545.89	\$596.89	\$576.89	\$627.89
Group Health Cooperative of Puget Sound	\$504.89	\$ 43.00	\$ 96.00	\$ 75.00	\$ 128.00	\$547.89	\$600.89	\$579.89	\$632.89
Group Health Options Inc.	\$504.89	\$ 61.00	\$ 132.00	\$ 106.00	\$ 177.00	\$565.89	\$636.89	\$610.89	\$681.89
Kaiser Foundation Health Plan of the NW	\$504.89	\$ 32.00	\$ 75.00	\$ 56.00	\$ 99.00	\$536.89	\$579.89	\$560.89	\$603.89
PacifiCare of Washington, Inc	\$504.89	\$ 80.00	\$ 170.00	\$ 140.00	\$ 230.00	\$584.89	\$674.89	\$644.89	\$734.89
RegenceCare	\$504.89	\$ 81.00	\$ 172.00	\$ 142.00	\$ 232.00	\$585.89	\$676.89	\$646.89	\$736.89
Uniform Medical Plan PPO	\$504.89	\$ 29.00	\$ 68.00	\$ 51.00	\$ 90.00	\$533.89	\$572.89	\$555.89	\$594.89
UMP Neighborhood*	\$504.89	\$ 19.00	\$ 49.00	\$ 34.00	\$ 63.00	\$523.89	\$553.89	\$538.89	\$567.89

* Employee contributions effective January 1, 2004

PEBB Program for 2004**Additional Taxable Income for Non-Tax Qualified Domestic Partners**

Table 1: Employer Share Medical and Dental

2004 Monthly State Premium Contribution for Medical and Dental for Active Employees**Additional Taxable Income for Non-Tax Qualified Dependents' coverage***

	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
MEDICAL PLAN			
All Medical Plans	\$315	\$253	\$568

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
DENTAL PLAN			
All Dental Plans	\$35	\$35	\$70

2004 Monthly State Contribution for Medicare Retirees (monthly state subsidy)****Additional taxable income for non-tax qualified domestic partners**

Medical Supplement Plan E	\$49
Kaiser	\$100
PacifiCare	\$102
All other plans	\$102

*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

**Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

State and Higher Education Active Employee Monthly Contributions (Deductions)
For Non-Tax Qualified Spouses and Dependents (Same Sex Domestic Partners)
Final 2004 PEBB Rates-HCA Finance and Administration

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-taxed and post-taxed combined)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
CHPWA	\$ 41	\$ 92	\$ 72	\$ 123
Group Health Cooperative of Puget Sound	\$ 43	\$ 96	\$ 75	\$ 128
Group Health Options Inc.	\$ 61	\$ 132	\$ 106	\$ 177
Kaiser Foundation Health Plan of the NW	\$ 32	\$ 75	\$ 56	\$ 99
PacifiCare of Washington, Inc	\$ 80	\$ 170	\$ 140	\$ 230
RegenceCare	\$ 81	\$ 172	\$ 142	\$ 232
Uniform Medical Plan PPO	\$ 29	\$ 68	\$ 51	\$ 90
Uniform Neighborhood	\$ 19	\$ 49	\$ 34	\$ 63

Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber and Spouse	Subscriber	Partner
CHPWA	\$ 92	\$ 41	\$ 51
Group Health Cooperative of Puget Sound	\$ 96	\$ 43	\$ 53
Group Health Options Inc.	\$ 132	\$ 61	\$ 71
Kaiser Foundation Health Plan of the NW	\$ 75	\$ 32	\$ 43
PacifiCare of Washington, Inc	\$ 170	\$ 80	\$ 90
RegenceCare	\$ 172	\$ 81	\$ 91
Uniform Medical Plan PPO	\$ 68	\$ 29	\$ 39
Uniform Neighborhood	\$ 49	\$ 19	\$ 30

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
CHPWA	\$123	\$41	\$82
Group Health Cooperative of Puget Sound	\$128	\$43	\$85
Group Health Options Inc.	\$177	\$61	\$116
Kaiser Foundation Health Plan of the NW	\$99	\$32	\$67
PacifiCare of Washington, Inc	\$230	\$80	\$150
RegenceCare	\$232	\$81	\$151
Uniform Medical Plan PPO	\$90	\$29	\$61
Uniform Neighborhood	\$63	\$19	\$44

Table 5: Post Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
CHPWA	\$123	\$72	\$51
Group Health Cooperative of Puget Sound	\$128	\$75	\$53
Group Health Options Inc.	\$177	\$106	\$71
Kaiser Foundation Health Plan of the NW	\$99	\$56	\$43
PacifiCare of Washington, Inc	\$230	\$140	\$90
RegenceCare	\$232	\$142	\$90

Table 7: Monthly Pre-Tax Employee Contributions

Plan Name	Subscriber and Child(ren)	Subscriber	Employee's Children
CHPWA	\$72	\$41	\$31
Group Health Cooperative of Puget Sound	\$75	\$43	\$32
Group Health Options Inc.	\$106	\$61	\$45
Kaiser Foundation Health Plan of the NW	\$56	\$32	\$24
PacifiCare of Washington, Inc	\$140	\$80	\$60
RegenceCare	\$142	\$81	\$61

Uniform Medical Plan PPO	\$90	\$51	\$39
Uniform Neighborhood	\$63	\$34	\$29

Uniform Medical Plan PPO	\$51	\$29	\$22
Uniform Neighborhood	\$34	\$19	\$15